

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 113
Registered No. 179

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Rodolfo Serna { If child is not yet named, make supplemental report, as directed.
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Aug. 28 1930
Month Day Year

8. FATHER

Full name Cayetano Serna

9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Laborer
Nature of Industry

14. MOTHER

Full maiden name Lola Castillo

15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) El Paso Tex
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:10 A m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe Ariz.
Month, day, year

Registrar

Filed 9/8 1930 S. E. Wightman Registrar

721-828-336